



U.S. REPRESENTATIVE GEORGE MILLER

## Constituent Service Request Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please include the following information only if it pertains to your inquiry:**

Veterans Claim #: \_\_\_\_\_ Civil Service #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Medicare Claim #: \_\_\_\_\_

Immigration A# or Receipt #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please state your request for assistance\*: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please attach an explanation of your situation, copies of pertinent documents, letters, etc.

### **Disclosure Authorization**

In accordance with the provisions of the Privacy Act, I hereby authorize U.S. Representative George Miller and his staff to receive information pertinent to my request for assistance indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Third Party Disclosure (optional)**

I hereby authorize U.S. Representative George Miller and his staff to discuss the results of this inquiry on my behalf with the following individual: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this completed form to:**

*U.S. Representative George Miller*

*1333 Willow Pass Road Suite #203, Concord, CA 94520*

*Phone: (925) 602-1880 Fax: (925) 674-0983*